

THE PROCESS FOR LICENSING CHILDREN'S RESIDENTIAL FACILITIES

The Application Packet

Enclosed you will find a complete application package. The application packet consists of the following:

1. The licensing application instructions, including the required attachments;
2. The Licensing application;
3. A proposed working budget form/ Balance sheet for private sector facilities;
4. Information on the "siting" of children's residential facilities, required by Virginia Code;
5. A staffing pattern schedule sheet;
6. A copy of the *Standards for the Regulation of Children's Residential Facilities* that includes the Interpretive Guidelines for these regulations;
7. A copy of the *Regulations for Providers of Mental Health, Mental Retardation and Substance Abuse Residential Services for Children* (The "Mental Health Module"), and
8. A copy of the *Rules and Regulations to assure the Rights of Individuals Receiving Services from Providers Licensed, Funded or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services* (The Human Rights Regulations).

Children's Residential Services (CRF) licensed by the DMHMRSAS are required, by law and regulation, to provide "on-site" services to address the needs of residents with mental illness, intellectual disabilities (MR), or substance use disorders. These needs may include counseling, therapy, training, habilitation or other services. For example, a children's residential service serving emotionally disturbed children must provide for counseling/therapy on site, as well as a daily structured program of care. This structured program of care should be reflected in your service description.

To begin the licensing process you must submit a written "service description" addressing the following licensing regulations §22 VAC 42-11-630.A, §22 VAC 42-11-780.A, §12 VAC-35-45-70.B, §12 VAC 35-45-80.B, and §22 VAC 42-11--740. The service description will be reviewed for "subjectivity." Subjectivity is the process of reviewing what you submit to determine if licensing by DMHMRSAS is required for your selected service.

Please make certain you complete the following:

1. Address each element the application and regulations request;
2. Be as specific as possible (e.g. "qualified staff" does not tell us anything; explain how staff will be qualified. "residents will be assessed" does not provide enough information, how will they be assessed, by who, using what criteria?);
3. Make sure job descriptions are specific to your service. Do not simply re-state the regulation;
4. DO NOT send information not requested, such as your policies and procedures;
5. Do not send the information in a binder or notebook, and
6. Include the correct mailing address, email, phone number, etc.

Once completed, the application and ALL required attachments must be returned, with the required \$500.00 application fee, (Only business checks or money orders are accepted; personal checks are not accepted) to:

The Office of Licensing
Department of Mental Health, Mental Retardation and Substance Abuse
Services
P.O. Box 1797
Richmond, VA 23218-1797
If you have questions please call 804-786-1747

The DMHMRSAS Licensing process:

1. Submit and receive preliminary approval of the initial application, [and required attachments with \$500.00 fee];
2. Submit and receive approval of required Licensing policies, procedures and forms;
3. Submit required Human Rights policies and procedures to the local Regional Advocate in the Office of Human Rights for approval,
4. Affiliate with a Local Human Rights Committee
5. Complete an on-site review of the physical plant, to include interviews with the applicant related to the content of their service description and policies and procedures, as well as compliance with the applicable regulations; and
6. Set up an account with the Background Investigations Unit of the Department of Social Services, and request criminal history and central registry background investigations for identified staff as required by Virginia Code § 37.2-416 and § 63.2-1726. These must be **completed** *prior to licensing*.

Starting a children's residential facility is the same as opening any small business. Many decisions about the service must be made by the applicant. While the Office of Licensing is happy to answer applicant questions regarding how applicable regulations are interpreted, it is unable to provide "consulting services" to assist applicants in understanding start up costs, what type of service to operate, whether there is a need for the service you are proposing in the area you wish to open, or in writing their service descriptions, policies, procedures or to develop forms.

Timeline for Review and Approval

Opening a children's residential facility is a challenging process. Most applicants find that the process takes six months to a year before they receive a license. Submitting an application does not guarantee that a license will be issued. Careful planning and thoroughness in addressing regulations are critical to completing the process.

All applications are reviewed in the order they are received. If the application is complete but there are questions about the submission, OL will contact the applicant by mail.

Training for New Applicants

As part of the licensing process, we strongly encourage new applicants to attend a training session here at the Licensing Central Office. One training session is scheduled monthly. The training runs between 9 AM until Noon. There is a fee of fifty dollars (\$50.00) to cover the cost of time and materials. Payment is due ten (10) days after registration, or your registration will

be cancelled. You are strongly encouraged to attend, with your program director, *prior* to submitting your policies and procedures. Please call 804-786-1747 to confirm your attendance. **Pre-registration is required; seating is limited and these training sessions fill up quickly.**

Policies, Procedures and Forms

Once the application phase is complete, you will be requested to submit all required Licensing policies, procedures and forms. It is also at this time you are notified which Regional Advocate you will be working with to write policies addressing the Human Rights Regulations.

Applicants should carefully read the applicable regulations to determine when a written policy or procedure is required. A written policy is required when a regulation calls for a “written policy,” “written documentation,” “procedure,” or “plan.” “Policy” defines *what* the plan, or guiding principle of the organization is, as related to the regulation; “procedures” are the process (or steps) the applicant takes to ensure that the policy is carried out. Procedures should answer the questions of *who*, *where* and *how* a policy will be implemented. **Polices and procedures are not re-statements of regulations.** Applicants may also need to develop other policies to guide the delivery of services even when not required by the regulations.

If further revisions are needed to submitted policies or forms, the applicant is notified in writing.

Once all policies, procedures and forms are submitted and approved, and the Office of Human Rights has approved the policies submitted to address their regulations, a licensing specialist is assigned to complete the on-site review.

Criminal History and Central Registry background checks

Virginia Code §37.2-416 and §63.2-1726 require that all staff are subject to criminal history and central registry background checks to determine their eligibility to work with children in services licensed by the DMHMRSAS. **After** the determination of subjectivity, the applicant should contact the Background Unit at the Department of Social Services (DSS) to obtain the procedures for completion of these background checks. Ms. Angela Pearson handles the criminal history background checks and she may be contacted at (804) 726-7099. These must be completed prior to being licensed.

You will need to conduct central registry background checks directly through the Department of Social Services. Required forms can be obtained from the DSS website, www.dss.state.va.us, or contact either Ms. Kim Davis, 804-726-7549, or Ms. Betty Whittaker at 804-726-7687.

On-site Inspection

When the policies, procedures, and forms have been reviewed and approved, an on-site review of the facility where services will be delivered will be scheduled. This on-site review verifies compliance with several regulations by allowing reviews of:

1. The physical plant,
2. Personnel records (which must be complete and include evidence of completed applications for employment, evidence of required training and orientation, reference checks, and evidence of requests for background investigations),
3. A “sample” client record,
4. The applicant’s knowledge of their service description and policies and procedures, and
5. The applicant will also be able to demonstrate that he has hired, trained, and oriented enough staff to begin service operation, including relief staff. In addition, the applicant

will be required to submit complete and final copies of the service description, policies and procedures for the Office of Licensing to maintain on file.

Achieving compliance with the Licensing Regulations and the Human Rights Regulations is generally a concurrent process. However, each office independently reviews compliance with its own regulations.

Once this has been completed and the applicant is deemed to be in compliance with all applicable regulations [both Office of Licensing and Human Rights], the Office of Licensing makes a recommendation to the Commissioner of the DMHMRSAS regarding the issuance of a license.

Denial of an Application

The application may be denied by the Commissioner if an applicant:

1. Has failed to achieve compliance with applicable regulations within one year from the date the application has been received;
2. Violates any provision of applicable laws or regulations made pursuant to such laws;
3. Has a founded disposition of child abuse or neglect after the appeal process has been completed;
4. Has been convicted of a crime listed in Virginia Code §§ 37.2-314.B and 63.2-1726;
5. Has made false statements on the application or misrepresentation of facts in the application process;
6. Has not demonstrated good character and reputation as determined through references, background investigations, driving records, and other application materials;
7. Has violated existing regulations; or
8. Has permitted, aided or abetted the commission of an illegal act in services delivered by the provider, or exhibits conduct or practices detrimental to the welfare of any individual receiving services

Should an application be denied, applicants may have to wait at least six months before they can re-apply (Virginia Code § 37.2-418.C), and an additional \$500.00 application fee will be required.

Providers may not begin service operation until they have received a license from the Commissioner. Only the Commissioner may issue a license.

**“Completed applications” for licensing a Children’s
Residential Facility include the following:**

	Required Attachments	Regulation Reference(s)
1.	The completed application form	§22 VAC 42-11-30.A
2.	The applicant’s proposed working budget for the year	§22 VAC 42-11-30.A
3.	Evidence of financial resources, or, a line of credit sufficient to cover estimated operating expenses for ninety-days	§22 VAC 42-11-30.A
4.	A description of the applicant’s service that meets the definition of providing services as defined in the Code of Virginia, including admission, exclusion, discharge/termination criteria, and a copy of the proposed service schedule, and that meets the requirements of all applicable regulations	§22 VAC 42-11-630.A §22 VAC 42-11-780.A §12 VAC-35-45-70.B §12 VAC 35-45-80.B §22 VAC 42-11--740
5.	A schedule of the proposed staffing/supervision plan (staff information sheet and narrative),	§22 VAC 42-11-320 §22 VAC 42-11-830
6.	Copies of all position (job) descriptions that address all the requirements	§22 VAC 42-11-280.A §22 VAC 42-11-340 §22 VAC 42-11-350 §22 VAC 42-11-360 §22 VAC 42-11-370 §22 VAC 42-11-380 §22 VAC 42-11-770
7.	Evidence of the applicant’s authority to conduct business in the Commonwealth of Virginia. Generally this will be a copy of the applicant’s State Corporation Commission Certificate	§22 VAC 42-11-30.A
8.	A copy of the building floor plan, outlining the dimensions of each room	§22 VAC 42-11-30.A
9.	A copy of the facilities certificate of occupancy	§22 VAC 42-11-30.A
10.	A current health inspection	§22 VAC 42-11-30.A
11.	Evidence that the facility and its equipment are maintained in accordance with the Virginia Statewide Fire Prevention Code,	§22 VAC 42-11-30.A
12.	For facilities with a governing board, a list of all members of the board; and	
13.	For facilities operated by a corporation, an unincorporated organization or an association, references for 3 officers of the board	§22 VAC 42-11-30.A

**INCOMPLETE APPLICATIONS WILL BE
RETURNED TO THE APPLICANT.**

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services

INITIAL PROVIDER APPLICATION FOR LICENSING
Code of Virginia §37.1-183.1



Please use a typewriter or print legibly using permanent, black ink. The chief executive officer, director, or other member of the governing body who has the authority and responsibility for maintaining standards, policies, and procedures for the service may complete this application.

1. APPLICANT INFORMATION: Identify the person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Organization Name: _____

Mailing Address _____

City: _____ County _____ State: _____

Zip: _____ Phone: () _____ Email: _____

Chief Executive Officer or Director. Identify the person responsible for the overall management and oversight of the service(s) to be operated by the applicant.

Name: _____ Title: _____

Phone: () _____ Fax Number: () _____ E-mail: _____

Children Residential Service Only: (The liaison is the staff that shall be responsible for facilitating cooperative relationship with neighbors, the school system, local law enforcement, local government officials and the community at large.)

Community Liaison Name: _____ Phone: () _____ E-mail _____

2. ORGANIZATIONAL STRUCTURE: Identify the organizational structure of the applicant's governing body.

Check one(1) of the following:

☐ Non-Profit ☐ For-Profit

Check one(1) of the following:

☐ Individual (proprietorship)

☐ Partnership

☐ Corporation

☐ Unincorporated Organization or Association

Public agency:

☐ State ☐ Community Services Board ☐ Other

Identify accrediting or certifying organization from the following:

☐ Accreditation Council for Services for People with Developmental Disabilities ☐ Virginia Association of Special Education Facilities

☐ Joint Commission on Accreditation of Health Care Organizations

☐ Other association or organization: _____

☐ Commission on Accreditation of Rehabilitation Facilities _____

3. APPLICANT PARENT COMPANY INFORMATION: Identify the parent company of person, partnership, corporation, association, or governmental agency applying to lawfully establish, conduct, and provide service:

Company name: _____

Mailing Address: _____ City: _____ County: _____

State: _____ Zip: _____ Phone: () _____ E-mail: _____

Name: _____ Title: _____

4. SERVICE TYPE:

Place a check to identify the service type. If the service type is not listed, please note in the service information section. Please note new applicants (no independent service operation experience) are permitted to apply for **ONE** service on the initial application.

* **RESIDENTIAL SERVICES**

- ☐ Community ICF-ID (MR)
- ☐ Community Gero-psychiatric
- ☐ Crisis Stabilization
- ☐ Group Home
- ☐ Half-Way House
- ☐ Medical Detox and Social Detox
- ☐ Residential Community Services
- ☐ Residential Respite
- ☐ Residential Treatment
- ☐ Residential Treatment SA women w/children
- ☐ Supervised Living

* **DAY SUPPORT SERVICES**

- ☐ Clubhouse
- ☐ Day Support
- ☐ Day Treatment
- ☐ Intensive Outpatient
- ☐ Partial Hospitalization/Ambulatory Detox
- ☐ Psychosocial Rehabilitation
- ☐ Therapeutic After-School
- ☐ Center-Based Respite

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SUPPORTED IN-HOME SERVICES

- ☐ In-Home Services
- ☐ In-Home and out-of home Respite
- ☐ Mental Health Community Support Services
- ☐ Crisis Stabilization

* ☐ **CASE MANAGEMENT SERVICES**

* **INPATIENT SERVICES**

- ☐ Psychiatric Unit
- ☐ Medical Detox/CD Unit

* ☐ **INTENSIVE IN-HOME SERVICES**

* ☐ **OPIOID TREATMENT SERVICES**

* **OUTPATIENT SERVICES**

- ☐ Outpatient
- ☐ Emergency

* ☐ **SPONSORED RESIDENTIAL HOME SERVICES**

* ☐ **DEPARTMENT OF CORRECTIONS FACILITIES SERVICES**

* ☐ **INTENSIVE COMMUNITY SERVICES (ICT)**

* ☐ **PROGRAMS FOR ASSERTIVE COMMUNITY TREATMENT (PACT)**

* ☐ **CHILDREN'S RESIDENTIAL SERVICE (include the \$500.00 nonrefundable application fee for this service only)**

- | | |
|--|--|
| <input type="checkbox"/> Group Home for Mentally III/Emotionally Disturbed | <input type="checkbox"/> Children's Residential Crisis Stabilization |
| <input type="checkbox"/> Group Home for Intellectually Disabled (MR) | <input type="checkbox"/> Children's Residential Independent Living Program |
| <input type="checkbox"/> Facility for Substance Abuse (SA) | <input type="checkbox"/> Children's Residential Respite Care Program |
| <input type="checkbox"/> Residential Treatment Center | <input type="checkbox"/> ICFMR |
| <input type="checkbox"/> Other _____ | |

4. SERVICE INFORMATION: Complete for the service type proposed by the organization to be licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services. (See listing of services types on previous page.)

Service Type: _____ **Service Director:** _____

Phone: () _____ **E-mail:** _____

THIS SERVICE SERVES:

Individuals with single diagnosis (check all that apply):

- ☐ Intellectual Disability (MR)
☐ Mental Illness
☐ Substance Abuse
☐ Individuals receiving services through the Individual
and Family Developmental Disabilities Support Waiver
☐ Brain Injury

AND/OR Individuals with multiple diagnoses (check all that

- ☐ Intellectual Disability/Mental Illness/Seriously Emotional Dist.
☐ Intellectual Disability/Substance Abuse
☐ Mental Illness/Substance Abuse
☐ Mental Illness/ Intellectual Disability/Substance Abuse
☐ DD and/or Other _____

Client Demographics (check all that apply):

☐ Male ☐ Female ☐ Child ☐ Adolescent (Min. & Max. Age Range) _____ ☐ Adult ☐ Geriatric

Accreditation/Certification by : _____

LOCATION(S)

1. **Location Name:** _____ # of beds: _____

Address: _____

City: _____ County _____ State: _____ Zip: _____

Location Manager: _____ Phone: () _____ E-mail: _____

Directions: _____

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5. NAME AND ADDRESS OF OWNER OF PHYSICAL PLANT

Name	
Address	

5.a RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

6. EDUCATIONAL SERVICES WILL BE PROVIDED

If you are planning to operate your own school, contacting the Virginia Department of Education (VDOE) is mandatory. Provide the following information: the name of the VDOE staff person spoken to: _____;

7. REQUIRED ATTACHMENTS	Children's Residential Service Regulation Number:	All Other Services Regulation Number:
1. <input type="checkbox"/> This completed Application	§42-11-30(A)	
2. <input type="checkbox"/> Resumes of all Identified Staff	§42-11-30(A)	§35-105-420(A)
3. <input type="checkbox"/> Working Budget (appropriated revenues and projected expenses for one year)	§42-11-30(A)(1)	§35-105-40(A)(1)
4. <input type="checkbox"/> Position Descriptions	§22 VAC 42-11-280, §22 VAC 42-11-340(A), §22 VAC 42-11-35(A), §22 VAC 42-11-360(A), §22 VAC 42-11-370(A), §22 VAC 42-11-380(A) & §22 VAC 42-11-770	§35-105-40 & §410(A)
5. <input type="checkbox"/> Records Management Policy	§22 VAC 42-11-640, §12 VAC 35-115-80-(B)(2), §12 VAC 35-45-110, §12 VAC 35-45-120	§35-105-40 & §870(A)
6. <input type="checkbox"/> Complete Service Description (including philosophy and objectives of the organization, comprehensive description of population to be served, and services to be offered, brochures, pamphlets distributed to the public, etc)	§42-11-630(A), §42-11-780(A), §12 VAC 35-45.70(B) §12 VAC 35-45-80(B)	§35-105-40 & §580(C)
7. <input type="checkbox"/> Evidence of Financial Resources to Operate the Budget for Ninety Days (an ongoing basis)	§42-11-30(A)(1)	§35-105-210(A)
8. <input type="checkbox"/> A copy of the Organizational Structure	§42-11-30(A)(1)	§35-105-190(B)
9. <input type="checkbox"/> Certificate of Occupancy (except home-based services)	§42-11-30(A)(1)	§35-105-260
10. <input type="checkbox"/> Evidence of authority to conduct Business in Virginia,	§42-11-30(A)(1)	§35-105-40(A)(3)
11. <input type="checkbox"/> Staffing schedule & written staffing plan (list of staff members with designated positions, qualifications, etc.)	§42-11-320 & §42-11-830	§35-105-590
<i>And for residential services:</i>		
12. <input type="checkbox"/> Copy of the Building floor plan, with dimensions	§42-11-30(A)(1)	§35-105-40 (B)(5)
13. <input type="checkbox"/> Current Health Inspection	§42-11-30(A)(1)	§35-105-290
14. <input type="checkbox"/> Fire Inspection, if over eight residents	§42-11-420, §42-11-30(A)(1), & §13 VAC 5-51 et seq	§35-105-320
Children's Residential Service Only		
15. <input type="checkbox"/> Facility operated by a <u>VA</u> corporation: Articles of Incorporation, By- laws, & Certificate of Incorporation	§42-11-170(A&B)	NA
16. <input type="checkbox"/> Facility operated by a <u>out of state</u> corporation: Articles of Incorporation, By- laws, & Certificate of Authority	§42-11-170(A&B)	NA
17. <input type="checkbox"/> Facilities with a Governing Board: Listing of board members, the Executive Committee, or public agency all members of legally accountable governing body	§42-11-170(A&B)	NA
18. <input type="checkbox"/> Facility operated by Corp., an unincorporated Organization, or an Association: References for three officers of the Board including President, Secretary and Member-at-Large	§42-11-170(A&B)	NA
19. <input type="checkbox"/> \$500.00 Application Fee- Payable to the Treasury of Virginia	§42-11-100	

Certificate of Application

This certificate is to be read and signed by the applicant. The person signing below must be the individual applicant in the case of a proprietorship or partnership, or the chairperson or equivalent officer in the case of a corporation or other association, or the person charged with the administration of the service provided by the appointing authority in the case of a governmental agency.

I am in receipt of and have read the applicable rules and regulations for licensing. It is my intent to comply with the statutes and regulations and to remain in compliance if licensed.

I grant permission to authorized agents of the Department of Mental Health, Mental Retardation and Substance Abuse Services to make necessary investigations into this application or complaints received.

I understand that unannounced visits will be made to determine continued compliance with regulations.

TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION CONTAINED HEREIN IS CORRECT AND COMPLETE. I FURTHER DECLARE MY AUTHORITY AND RESPONSIBILITY TO MAKE THIS APPLICATION.

Signature of Applicant: _____ Title: _____ Date: _____

If you have any questions concerning the application, please contact this office at (804) 786-1747. This application is to be returned to:

**Office of Licensing,
Department of Mental Health, Mental Retardation and Substance Abuse Services,
Post Office Box 1797
Richmond, Virginia 23218-1797**

DMHMRSAS REGULATION OF CHILDREN'S RESIDENTIAL FACILITIES

ANNUAL OPERATING STATEMENT & WORKING BUDGET

INTRODUCTION

The Annual Operating Statement and Working Budget provide financial information regarding actual and anticipated revenue and actual and anticipated expenses. Actual revenue and expenses reflect the revenue received and costs incurred for the most recent complete year of service operations. Anticipated revenue and expenses reflect the expected revenue and expenses for the next year of operations and constitute the working budget for the facility. This form is of primary importance in providing selected information needed to determine financial responsibility as required by the Standards. The instructions for completing the form which follow describe the information to be recorded for each item.

INSTRUCTIONS FOR COMPLETING THE FORM

ACTUAL AND ANTICIPATED REVENUE: This section should reflect the actual and anticipated annual income available to operate the facility. It should not reflect the actual and anticipated annual income of the applicant(s) unless this income was or will be used to operate the facility. Anticipated amounts should be as accurate as possible and supported by confirming documentation to the maximum extent feasible. Actual amounts should be supported by confirming documentation.

1. **Fees for Residential Care:** The actual and anticipated revenue which was or will be received each year as fees or payments for care should be entered here. Anticipated values should be based on the rate per individual to be charged by the facility and the number of persons that will actually be in care during the next year of operation. This may be estimated to be less than the licensed capacity which is being requested on the application and, if so, should be used rather than licensed capacity in determining the anticipated revenue to be received.
2. **Fees for Other Services:** The actual anticipated revenue which was and will be received each year as fees or payments for care or services provided to individuals other than those in residential (24 hour) care.
3. **Federal Funds:** The revenue which was and will be received each year from Federal agencies.
4. **State Funds:** The revenue which was and will be received each year from State agencies.
5. **Local Funds:** The revenue which was and will be received each year from localities.
6. **Income from Investments:** Annual income to support facility operation which was and will be provided by any existing investments.
7. **Endowment/Trust Fund(s):** Revenue which was or is to be received for the entire year from any endowments or trust funds which currently exist and provided or would provide income to be used to support facility operations.
8. **Donations/Solicitations:** Income received or estimated to be received from such sources as religious or fraternal organizations, United Way funds, fund drives and solicitations, or any other fundraising activity used to support facility operations.
9. **Other (Specify):** Annual income received or estimated to be received from any other source(s) which will be used to operate the facility. Specify each source and the amount.

ACTUAL AND ANTICIPATED EXPENSES: This includes actual and anticipated annual expenses of service operation. It is the total of all expense items shown below. Three major categories of expenses are shown. The explanations of the sub-headings are intended to assist the applicant in understanding the number and types of financial considerations which may be involved in service operation, and to assist the Department in evaluating the provider's application.

1. Administration:

a. **Office Supplies & Equipment:** Actual and estimated annual cost of expendable and non-expendable items used for administrative purposes. (e.g. pens, pencils, paper).

b. **Depreciation: Buildings:** Total annual amount and estimate of depreciation on all buildings owned and utilized by the facility to support the administration of the facility (e.g. buildings that house administrative offices). Annual Operating Statement & Working Budget Instructions

c. **Depreciation: Equipment:** Total annual amount and estimate of depreciation on all capital equipment owned and used in support of administrative operations (e.g. desks, chairs, computers, etc. used in administrative offices).

d. **Insurance:**

(1) **Liability (Premises and Operations):** Total annual cost of liability insurance covering the premises and operation.

(2) **Liability (Vehicles):** Total annual cost of liability insurance covering all of the vehicles used in support of service's operations.

(3) **Other:** Total annual cost of other types of insurance (e.g. fire insurance). NOTE: Health Care, Group Life, and other insurance benefiting employees should be shown under Salaries, Wages & Benefits below and not in this item.

e. **Interest:** Total amount of interest payments paid during the past year and due within the next year on outstanding loans or other debts.

f. **Taxes:** Annual amount of all taxes which were paid last year and must be paid this year by the facility. This would include VEC taxes and Federal Unemployment Taxes which must be paid on employees' salaries and wages as well as business license taxes, property taxes, real estate taxes (if not included as part of the mortgage payment under Item 3, below). NOTE: The Employer's FICA (Social Security) taxes should be shown under Item 2, b, below and not in this item. Specify each tax on a separate line under the entry taxes.

2. Salaries, Wages & Benefits:

a. **Salaries & Wages:** All salaries and wages paid during the last year and to be paid by the facility to its employees; and, if the facility is a corporation or association, to its Board of Directors or chief administrative officer; for salaries or expenses, trainers, social workers and other professional staff persons; secretaries, clerks and assistants; maintenance workers; and grounds keepers, janitors and any others who are regular employees of the facility.

b. **FICA (Social Security):** Enter the total annual FICA (Social Security) tax, (including both OASDI and Medicare) to be paid by the facility for all employees.

c. **Health Care Insurance:** Total amount of annual premiums paid by the facility for health care insurance for employees when the cost of all or part of such insurance is provided by the facility. Do not include portions paid by employees.

- d. **Group Life Insurance:** Total amount of annual premiums paid by the facility for employee group life insurance when the cost of all or part of such insurance is provided by the facility.
- e. **Employer Retirement Contribution:** Total annual contribution made by the facility to the retirement fund(s) of employees.
- f. **Other Benefits (Specify):** On an item by item basis, the cost(s) of any additional benefits provided by the facility to employees.

3. Operations:

- a. **Food:** Actual and anticipated annual cost of food to be used in the facility. It includes the food required for three meals each day, and the cost of any snacks which are provided. (Do not include the cost of food provided at no cost to staff who are required to eat with residents. These costs are reported under Item 3m: Other.)
- b. **Rent or Mortgage Payments:** Payments for buildings/property of the facility (e.g. office building, living units); amount shown should be the total annual expense.
- c. **Utilities:** Total of payments made or to be made by the facility for electricity, water, fuel oil, gas (for heating), sewage and refuse services, telephone and similar services.
- d. **Maintenance & Repairs:** Annual cost of all items used to maintain and carry out necessary repairs on the facility. This would include such items as paint, lumber, nails, roofing materials, grass seed.
- e. **Equipment and Supplies:** Total actual and projected annual cost of equipment, which is not to be depreciated, and expendable supplies which were and will be used to support facility operation in areas other than the administrative offices. Equipment rental costs should be included here.
- f. **Depreciation: Buildings:** Total actual costs and annual estimate of depreciation on all buildings owned and utilized by the facility to support operation other than administration (e.g. classrooms, residential cottages).
- g. **Depreciation: Equipment:** Total actual costs and annual estimate of depreciation on all capital equipment owned and used by the facility in support of operation other than administration (e.g. food service equipment, furniture in residential cottages, classroom equipment, vehicles.)
- h. **Motor Vehicles:** All expenses related to the maintenance and operation of cars, vans, trucks, etc., owned by the facility and used in support of the operation of the facility.
- i. **Laundry and Linens:** Cost of soap, detergents, etc., required for the laundry of table linens, bed linens, etc., used by the facility and the cost for outside laundry services.
- j. **Staff Travel:** Actual travel expenses for last year and total projected travel expense for staff which will be incurred in support of facility operations and the program offered by the facility. This includes transportation costs, the cost for food and the cost for lodging if overnight travel is required.
- k. **Staff Training:** Actual and projected annual costs of formal training for facility staff which will be paid for or reimbursed by the facility.
- l. **Contractual Services:** Actual and projected annual cost for any services provided to the facility under contract to support the program offered or facility operation. List each contractual service separately. Annual Operating Statement & Working Budget Instructions 6
- m. **Other (Specify):** Annual cost of all other expenses not included in other items. Specify each item of expense included here and the expense amount (e.g. the estimated cost of meals provided at no cost to staff who are required to eat with residents would be entered here).

ANNUAL OPERATING STATEMENT & WORKING BUDGET

Name of Facility: _____

Date: _____

REVENUE (ACTUAL & ANTICIPATED)

	<u>Actual This Year</u> Date: _____ to _____	<u>Anticipated Next Year</u> Date: to _____
1. Fees for Children in Care	\$ _____	\$ _____
2. Fees from Other Clients/Services	\$ _____	\$ _____
3. Federal Funds	\$ _____	\$ _____
4. State Funds	\$ _____	\$ _____
5. Local Funds	\$ _____	\$ _____
6. Income from Investments	\$ _____	\$ _____
7. Endowment/Trust Fund(s)	\$ _____	\$ _____
8. Donations/Solicitations	\$ _____	\$ _____
9. Other	\$ _____	\$ _____
TOTAL REVENUE	\$ _____	\$ _____

EXPENSES (ACTUAL & ANTICIPATED)

	<u>Actual This Year</u> Date: _____ to _____	<u>Anticipated Next Year</u> Date: to _____
1. ADMINISTRATION:		
a. Office Supplies & Equipment	\$ _____	\$ _____
b. Depreciation: Building	\$ _____	\$ _____
c. Depreciation: Equipment	\$ _____	\$ _____
d. Insurance		

	<u>Actual This Year</u> Date:_____ to	<u>Anticipated Next Year</u> Date: to
(1) Liability (Premises/ Operations)	\$_____	\$_____
(2) Liability (Vehicles)	\$_____	\$_____
(3) Other (Specify by type)	\$_____	\$_____
e. Interest	\$_____	\$_____
f. Taxes (Specify by type)	\$_____	\$_____
TOTAL ADMINISTRATION EXPENSES	\$_____	\$_____

2. SALARIES, WAGES & BENEFITS

a. Salaries and Wages	\$_____	\$_____
b. FICA (Social Security)	\$_____	\$_____
c. Health Care Insurance	\$_____	\$_____
d. Group Life Insurance	\$_____	\$_____
e. Employer Retirement Contributions	\$_____	\$_____
f. Other Benefits (Specify)	\$_____	\$_____

TOTAL SALARIES, WAGES & BENEFITS EXPENSES

\$_____	\$_____
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3. OPERATIONS:

a. Food	\$_____	\$_____
b. Rent/Mortgage Payments	\$_____	\$_____
c. Utilities	\$_____	\$_____
d. Maintenance & Repairs	\$_____	\$_____
e. Equipment & Supplies	\$_____	\$_____
f. Depreciation: Buildings	\$_____	\$_____

	<u>Actual This Year</u> Date:_____ to	<u>Anticipated Next Year</u> Date: to
g. Depreciation: Equipment	\$_____	\$_____
h. Motor Vehicle	\$_____	\$_____
i. Laundry and Linens	\$_____	\$_____
j. Staff Travel	\$_____	\$_____
k. Staff Training	\$_____	\$_____
l. Contractual Services (Specify)	\$_____	\$_____
m. Other (Specify)	\$_____	\$_____
 TOTAL OPERATIONS EXPENSES	 \$_____	 \$_____
TOTAL EXPENSES	\$_____	\$_____

AVERAGE NUMBER OF CHILDREN IN CARE THIS YEAR: _____

ANTICIPATED NUMBER OF CHILDREN IN CARE NEXT YEAR: _____

DMHMRSAS REGULATION OF CHILDREN'S RESIDENTIAL FACILITIES

INSTRUCTIONS FOR COMPLETING THE BALANCE SHEET FOR PRIVATE SECTOR FACILITIES

INTRODUCTION:

The purpose of a balance sheet is to show the financial condition of a business on a specific date. A Balance sheet consists of a listing of the assets and liabilities of a business and the owner's equity. Assets are further classified as current assets and plant and equipment. Liabilities are further classified as current and long term liabilities. This form is important in providing information needed to determine financial responsibility as required by the Regulations.

INSTRUCTIONS FOR COMPLETING THE FORM

ASSETS

CURRENT ASSETS: For each category, enter the assets which quickly can be converted to cash and which are reserved to meet immediate expenses of operating the facility.

Cash: Include currency, cash in checking accounts, and cash in savings accounts. The amount shown must be available now to operate the facility.

Monetary Investments: Include Certificates of Deposit, Savings Bonds, Treasury Bills, and other investments which quickly can be converted to cash. They currently must be owned by the applicant and identified for immediate use in operating expenses of the facility.

Negotiable Securities: Include stocks, corporate bonds, etc., which are owned by the applicant and are identified for use, if necessary, in operating the facility.

Accounts Receivable: Include monies owed to the applicant which are due within one year and would be used, if necessary, when received to fund operation of the facility.

Notes Receivable: Include promissory notes held by the applicant which are due within one year of the date of application and whose proceeds would be used, if necessary, to fund operation of the facility.

Other Current Assets: Include any other assets which quickly could be converted to cash within the operating year and used, if necessary, to fund operation of the facility.

LIABILITIES

CURRENT LIABILITIES: For each category, enter all liabilities which must be paid within the next 12 months.

Accounts Payable: Include the sum of the total unpaid salaries and payment of all unpaid bills and financial obligations which fall due within the next 12 months with the exception of mortgage payments and installment loans. Examples include utility bills, unpaid salaries/wages to current employees, charge accounts, and credit cards.

Notes Payable: Include all payments which must be made within the next 12 months on existing contracts, mortgages and installment loans.

Other: Include any other existing obligations which are due during the next 12 months. Include payments of obligations which are in arrears such as income taxes, property taxes, insurance, interest payable, etc. Itemize each item separately.

LONG TERM LIABILITIES: For each category, enter the liabilities which are due more than one year from the date of the Balance sheet.

Mortgage(s) Payable: Include the total amount necessary to liquidate any mortgage(s) on the facility less the amount reflected as part of mortgage(s) payable as current liabilities.

Notes Payable: Include the total amount necessary to liquidate all outstanding contracts, installment loans or promissory notes less the amount reflected as part of the notes payable amount reported as a current liability.

Other: Include all other long term liabilities which are owed and were incurred to support facility operations. List each item separately.

**DMHMRSAS REGULATION OF
CHILDREN'S RESIDENTIAL FACILITIES**

**BALANCE SHEET FOR PRIVATE
SECTOR FACILITIES**

DATE: _____

NAME OF FACILITY: _____

ASSETS

CURRENT ASSETS:

Cash \$ _____

Monetary Investments _____

Negotiable Securities _____

Accounts Receivable _____

Notes Receivable _____

Other (Specify) _____

Other (Specify) _____

Other (Specify) _____

TOTAL CURRENT ASSETS \$ _____

PLANT & EQUIPMENT ASSETS:

Notes Receivable \$ _____

Land (Purchase Price) _____

Buildings (Purchase Price) \$ _____

Less: Accumulated Depreciation _____
Current Value _____

Furniture, Fixtures, and Office
Equipment (Purchase Price) _____

Less: Accumulated Depreciation _____
Current Value _____

Vehicles (Purchase Prices) _____

Less: Accumulated Depreciation _____
Current Value _____

Other (Specify) _____

Other (Specify) _____

Other (Specify) _____

TOTAL PLANT & EQUIPMENT \$ _____

TOTAL ASSETS

TOTAL CURRENT ASSETS \$ _____

TOTAL PLANT & EQUIPMENT \$ _____

TOTAL ASSETS \$ _____

LIABILITIES

CURRENT LIABILITIES:

Accounts Payable \$ _____

Notes Payable _____

Other (Specify) _____

Other (Specify) _____

TOTAL CURRENT LIABILITIES \$ _____

LONG TERM LIABILITIES

Mortgage(s) Payable \$ _____

Notes Payable _____

Other (Specify) _____

Other (Specify) _____

TOTAL LONG TERM LIABILITIES \$ _____

TOTAL LIABILITIES

TOTAL CURRENT LIABILITIES \$ _____

TOTAL LONG TERM LIABILITIES \$ _____

TOTAL LIABILITIES \$ _____

OWNER'S EQUITY

Owner's Capital \$ _____

TOTAL LIABILITIES AND OWNER'S EQUITY \$ _____

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND SUBSTANCE ABUSE SERVICES

STAFF INFORMATION SHEET

NAME OF SERVICE: _____ DATE: _____

LOCATION: _____

Position (use * to denote position vacancy)	Name	Staff Member Education Level and Credentials	Service Assigned	SCHEDULED HOURS						
				MON	TUES	WED	THURS	FRI	SAT	SUN

Use @ to indicate staff having current certification in **First Aid**.
Use # to indicate staff who have received a certificate in **Cardiopulmonary Resuscitation (CPR)**.

DMHMRSAS REGULATION OF
CHILDREN'S RESIDENTIAL FACILITIES

REFERENCE SHEET FOR EACH OWNER/OPERATOR

INSTRUCTIONS: List the names and addresses of two persons unrelated to each owner/operator who can attest to the owner's/operator's character and reputation, the name and address of the owner's/operator's banking institution, and present and past employer(s), if any, with the last five years.

NAME OF OWNER/OPERATOR: _____

ROLE/POSITION: _____

<u>NAMES</u>	<u>ADDRESSES</u>
Person References:	
Bank Reference:	
Present or Past Employer(s)	

SITING OF CHILDREN'S RESIDENTIAL FACILITIES

You will need to determine where to locate the facility before the application can be submitted. Here are some important issues to consider in determining the location of the facility:

SAFE ENVIRONMENT

- Are there hazards near the building or house you intend to use? For example, dangerous traffic patterns, high crime statistics, inappropriate influences (gang activity, drug activity, a sex offender living nearby, etc. - to check the sex offender registry click on: <http://sex-offender.vsp.virginia.gov/sor/index.htm>.)
- Does the building meet the needs of the population you want to serve? For example, is the floor plan easily navigated by individuals with cognitive limitations (e.g. mental retardation, autism, etc.) and permanent or temporary physical challenges (e.g. pregnancy, ambulatory issues, etc.)

RESOURCE AVAILABILITY

- Recreation Areas
- Schools
- Mental Health, Mental Retardation, and Substance Abuse Services
- Medical Facilities/Offices
- Transportation
- Emergency Services
- Job Opportunities
- Libraries

ADEQUATE PARKING FOR STAFF AND VISITORS

MAINTENANCE ISSUES

- Do you have the resources to keep the building in good repair?
- Can you keep the yard mowed and free of debris?
- Can you keep the driveway clear of snow and ice?

Residential Environment

The Standards require that a certificate of occupancy be attached to the initial application for licensure/certification. The locality where you wish to locate your facility, not the regulatory agency, makes the decision whether or not to issue a certificate of occupancy. Each locality has its own procedures and rules for issuing the certificates. Research may be needed to determine what information is required in the locality where you want to locate. The locality should be made aware that your intent is to operate a children's residential facility.

Wherever you locate your facility, it is important to be a good neighbor. Good neighbor policies and procedures will need to be developed and staff will need to be trained on these policies and procedures.

7/1/06

DMRMRSAS Regulation of Children's Residential Facilities Self-Reporting Form for Law Suits/Settlements/Criminal Charges Against Staff

\$70.H – Each facility shall self-report within 10 days, to the regulatory agency, any lawsuits against or settlements with residential facility operators relating to the health and safety or human rights of residents and any criminal charges against staff that may have been made relating to the health and safety or human rights of residents as required by the *Code of Virginia*.

NAME OF FACILTIY: _____

ADDRESS OF FACILITY: _____

FACILITY OPERATOR: _____

TYPE OF REPORT (circle correct response):

1. Lawsuit 2. Settlement 3. Criminal charges against staff

DESCRIPTION: (Include the names of facility staff/owners involved, charges, name of court, dates, and dispositions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

Name of person completing the form: _____

Date: _____ **Telephone Number:** _____